



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: THE ORTHOPAEDIC HOSPITAL OF LUTHERAN HEALTH NETWORK

City of Hospital: Fort Wayne

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Amy Hochstetler

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Medicare Provider Number: 150168

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$239840156
Outpatient Patient Service Revenue	\$237592904
Total Gross Patient Service Revenue	\$477433060

2. Deductions From Revenue

Contractual Allowance	\$373953018
Other Deductions	\$0
Total Deductions	\$373953018

3. Total Operating Revenue

Net Patient Service Revenue	\$103480042
Other Operating Revenue	\$105835
Total Operating Revenue	\$103585877

4. Operating Expenses

Salaries and Wages	\$14042000	Employee Benefits	\$3279172
Depreciation and Amortization	\$1551448	Interest Expense	\$20788
Bad Debt	\$-2465725	Other Expenses	\$38669842
Total Operating Expenses	\$55097525		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$48488352	Total Assets	\$0
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$0

Total Net Gains	\$48488352
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$192361936	\$170695711	\$21666225
Medicaid	\$27766806	\$23381608	\$4385198
Other Government	\$992419	\$843556	\$148863
Other State	\$0	\$0	\$0
Other Payers	\$256311899	\$179032143	\$77279756
Total	\$477433060	\$373953018	\$103480042

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$212429
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$21666225	\$23192734	
Other Government Programs	\$0	\$0	
Total	\$21666225	\$23192734	\$-1526509

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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